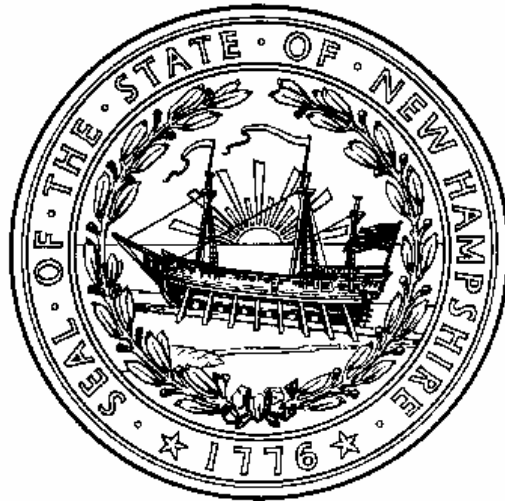


DIVISION OF PUBLIC HEALTH SERVICES  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
NEW HAMPSHIRE BOARD OF REGISTRATION  
IN OPTOMETRY



GENERAL FORMULARY OF APPROVED  
THERAPEUTIC PHARMACEUTICAL AGENTS  
FOR TPA CERTIFIED OPTOMETRISTS

*Approved as of May 5, 2007*

# General Formulary Of Approved Therapeutic Pharmaceutical Agents For TPA Certified Optometrists

The following edition of the **TPA Certified Optometrist Formulary** was approved by the ***Joint Pharmaceutical Formulary and Credentialing Committee*** and the ***Board of Registration in Optometry***.

Please note that **only a TPA certified optometrist** is authorized to write prescriptions and/or to dispense samples. A current list of TPA certified optometrists is available from the **Board of Registration in Optometry (271-1203)**.

All **certified** optometrists are authorized to write, and pharmacists are authorized to fill, prescriptions for drugs listed in the Formulary below, provided however, that such drugs are for the **exclusive diagnosis or treatment of disease or conditions of the human eye, adnexa or eyelids**.

No optometrist is authorized to possess, administer, prescribe or dispense controlled substances in Schedules I or II. Certified optometrists who wish to write prescriptions for controlled substances in Schedules III, IV or V must first obtain a DEA permit.

A **certified** optometrist may **dispense** a formulary-listed pharmaceutical agent to a patient **if no charge** is imposed for the drug(s), i.e. samples, and the amount dispensed **does not exceed a 24 hour supply, except** that if the **minimum available quantity** for dispensing is greater than a 24-hour supply, the optometrist may dispense the minimum available quantity.

Specific pharmaceutical agents approved for use by certified optometrists are authorized by either the New Hampshire Board of Registration in Optometry, the Joint Pharmaceutical Formulary and Credentialing Committee, or statute (RSA 327:1).

## Topical Pharmaceutical Agents Approved By The New Hampshire Board of Registration in Optometry

**All topical ophthalmic agents are approved when used in accordance with the Optometric Practice Act, Chapter 327 and to the individual optometrist's level of certification. Currently no topical ophthalmic pharmaceutical agents are excluded.**

Pursuant to RSA 327:6-a,VI the New Hampshire Board of Registration in Optometry approves all topical pharmaceutical agents that are within the scope of optometric practice and pursuant to RSA 327:1,IV and to the extent allowed in RSA 327:6-a. The Board reserves the right to exclude any topical pharmaceutical agents.

Oral Pharmaceutical Agents Approved By The Joint  
Pharmaceutical Formulary and Credentialing Committee

<b>Anti-Infectives</b>	<b>Oral Use</b>
Amoxicillin	Yes
Amoxicillin/Potassium Clavulanate	Yes
Ampicillin	Yes
Azithromycin	Yes
Bacitracin	Yes
Cefaclor	Yes
Cefuroxime	Yes
Cephalexin	Yes
Ciprofloxacin	Yes
Clarithromycin	Yes
Cloxacillin	Yes
Dicloxacillin	Yes
Doxycycline	Yes
Erythromycin	Yes
Gentamycin	Yes
Gramacidin	Yes
Levofloxacin	Yes
Minocycline	Yes
Nafcillin	Yes
Neomycin	Yes
Ofloxacin	Yes
Oxacillin	Yes
Oxytetracycline	Yes
Penicillin V	Yes
Polymyxin B	Yes
Sodium Sulfacetamide	Yes
Sulfamethoxazole	Yes
Sufisoxazole	Yes
Tetracycline	Yes
Tobramycin	Yes

<b>Antiviral Agents</b>	<b>Topical Use</b>	<b>Oral Use</b>
Famvir (Famciclovir)	No	Yes
Valtrex (Valacyclovir HCl)	No	Yes
Zovirax (Acyclovir)	No	Yes

<b>Analgesics</b>	<b>Topical Use</b>	<b>Oral Use</b>
Acetaminophen with Codeine -Not to exceed 30mg Codeine/300mg Acetaminophen	No	Yes
Propoxyphene Hydrochloride	No	Yes
Propoxyphene Hydrochloride with Acetaminophen Combination	No	Yes

<b>Non Steroidal Anti-Inflammatory Agents</b>	<b>Topical Use</b>	<b>Oral Use</b>
Bromfenac	Yes	N/A
Diclofenac Sodium	Yes	Yes
Etodolac	Yes	Yes
Fenoprofen	Yes	Yes
Flurbiprofen Sodium	Yes	N/A
Ibuprofen	Yes	Yes
Ketoprofen	Yes	Yes
Ketorolac	Yes	Yes
Meclofenamate	Yes	Yes
Mefenamic Acid	Yes	Yes
Naproxen	Yes	Yes
Naproxen Sodium	Yes	Yes
Nepafenac	Yes	N/A

<b>Miotics (alone or in combination)</b>	<b>Topical Use</b>	<b>Oral Use</b>
Demecarium Bromide	Yes	No
Echothiophate Iodide	Yes	No
Isoflurophate	Yes	No

(These agents for use in accommodative esotropia only, the diagnosis to be indicated on any prescription written.)

## Agents Approved By Statute

Agents	Topical	Oral	Injection
All mydriatic & cycloplegic agents which are topically applied	Yes	No	No
Anti-allergy medications, including but not limited to: antihistamines, decongestants & mast-cell stabilizers which are topically applied	Yes	No	No
All anesthetics, dyes, ocular lubricants & hypertonic agents which are topically applied	Yes	No	No
All non-legend, over-the-counter agents	Yes	Yes	No
All oral analgesics which are used for the treatment of eye diseases & which are not Controlled Substances	No	Yes	No
Diphenhydramine (Benadryl), epinephrine (e.g. EpiPen <sup>®</sup> ) or equivalent medications administered or prescribed to counter anaphylaxis or anaphylactic reactions	No	No	Yes
All topical agents used for diagnostic purposes	Yes	No	No
Board-approved, FDA-designated medical devices. Currently the Board has approved contact lenses as well as temporary & removable punctal plugs	N/A	N/A	N/A
Anti-glaucoma agents which are topically applied if the TPA certified optometrist has met the requirements of RSA 327:6-c	Yes	No	No
Topical and oral anti-glaucoma agents for the emergency treatment of acute angle closure glaucoma, with immediate referral to an ophthalmologist	Yes	Yes	No
Board approved topical and oral anti-infective agents	Yes	Yes	No